

EXHIBIT :
DOCKET NO.
ORDER NO.
DATE

CAROLINA PROCUREMENT INSTITUTE, LLC CERTIFICATE NO. :
(803)238-4542
214 Mill Street
Kingstree, South Carolina
IN CASE OF NEED CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

SHIPPER NAME		TEL.
ADDRESS		FLOOR
ELEVATOR?	CITY AND STATE	
NOTIFICATION OF WEIGHT & CHARGES SHIPPER REQUESTS NOTIFICATION OF ACTUAL WEIGHT & CHARGES TO PARTY SHOWN BELOW <input type="checkbox"/>		RECEIVED SUBJECT TO
NOTIFY	TEL.	
ADDRESS	GENERAL CONDITIONS:	

CONIGNED TO		TEL.
ADDRESS		FLOOR ELEVATOR?
CITY		STATE
PREFERRED DELIVERY DATE(S) OR PERIOD OF TIME		

RATES, RULES, AND REGULATIONS IN
TARIFF _____ SEC. _____

ALL CHARGES ARE TO BE PAID IN CASH, MONEY ORDER, OR
CERTIFIED CHECK BEFORE CARRIER DELIVERS OR RELINQUISHES
POSSESSION UNLESS INDICATED BY CARRIER. PERSONAL CHECK
WILL NOT BE ACCEPTED.

WEIGHT AND SERVICES
EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

INVOICING
GOV'T B/I. NO
BILL CHARGES TO

THIS SHIPMENT WILL MOVE SUBJECT TO THE RULES AND CONDITIONS OF THE CARRIER
& TARIFF. ALL TERMS PRINTED OR STAMPED HEREON OR ON THE REVERSE SIDE HEREOF.
SHIPPER HEREBY RELEASES THE ENTIRE SHIPMENT TO A VALUE NOT EXCEEDING
THE CARRIERS LIABILITY FOR LOSS AND DAMAGE WILL BE .60 PER LB. PER ARTICLE UNLESS
A GREATER AMOUNT IS SPECIFIED BY THE SHIPPER.

SIGNED
SHIPPER DATE

TIME RECORD
START AM/PM CUSTOMERS INITIALS
FINISH AM/PM CUSTOMERS INITIALS

CUSTOMERS INITIALS
JOB HOURS
TRAVEL TIME
TOTAL HOURS

☐ SPACE RES. ____CU. FT. ☐ EXCL USE OF VEH. ____CU. FT.

GROSS	TARE	NET	RATE	CHARGES
TRANSPORTATION MILES				
ADD'TL LIAB. CHG. (PER SHIPMENT CHARGE)				
ADD'TL TRANS. (SURCHARGE) ORIG DEST				
EXTRA PRICKUPS OR DELIVERIES: NO BY				
AT				
EXCESSIVE CARRY ELEVATOR STAIRS				
PIANO HANDLING: OUT IN HOIST				
ADD'TL LABOR MEN FOR MAN HOURS				
WAREHOUSE HANDLING				
TRANSIT STORAGE: FROM TO				
S.I.T. VALUATION CHARGE				
APPLANCE SERVICES ORIGIN DUE				
DEST. DUE				
OTHER CHARGES				
CARTAGE: TO WHSE FROM WHSE ORIG, DEST, MI QUANTITY				
BARRELS				
CARTONS				
CARTONS				
CARTONS				
CARTONS				
CRIB MATTRESS				
WARDROBES (USE OF)				
MATTRESS CARTON NOT EXCEEDING 39X75				
MATTRESS CARTON NOT EXCEEDING 54X75				
MATTRESS CARTON EXCEEDING 54X75				
CRATES				
MIRROR CARTONS				
TOTAL PACKING				
TOTAL CHARGES CHGE PPD C.O.D. G.B.L. TOTAL CHARGES				
PREPAYMENT: COLLECTED BY				
BALANCE DUE: COLLECTED BY				

PAID BY CASH OR CREDIT CARD

☐ CK ☐ CK # _____ ☐ CASH ☐ CREDIT CARD

AMT _____ TXDL # _____ EXPIRES _____

CC # _____ EXP _____

CUSTOMER SIGNATURE _____ DATE _____

TRANSPORTATION SERVICES HOURLY CHARGE
STRAIGHT TIME

VANS MEN HOURS AT \$ PER HR.

OVERTIME SERVICES

VANS MEN HOURS AT \$ PER HR.

OTHER CHARGES _____ PACKING _____ INSURANCE _____

TOTAL _____ DATE DELIVERED _____ DRIVER _____